

# VACCINES FOR CHILDREN



Dallas County  
Health and Human Services

WINTER 2015 - NEWSLETTER

## National Influenza Vaccination week

**December 6-12, 2015**

**N**ational Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination.

Flu vaccination coverage estimates from past years have shown that influenza vaccination activity drops quickly after the end of November. CDC and its partners want to remind you that even though the holiday season has arrived, it is not too late to get your flu vaccine!!! As long as flu viruses are spreading and causing illness, vaccination can provide protection against the flu and should continue. Even if you haven't yet been vaccinated and have already gotten sick with one flu virus, you can still benefit from vaccination since the flu vaccine protects against three or four different flu viruses (depending on which flu vaccine you get). CDC recommends a yearly flu vaccine for everyone 6 months of age and older as the first and most important step in protecting against influenza disease. Another goal of NIVW is to communicate the importance of flu vaccination for people who are at high risk for developing flu-related complications.

*(Continued on page 2)*

People at high risk of serious flu complications include:

- young children, pregnant women,
- people with certain chronic health conditions like asthma, diabetes, heart disease or lung disease,
- and people aged 65 years and older.

For people at high risk, getting the flu can mean developing serious flu-related complications, like pneumonia, or a worsening of existing health conditions, which can lead to hospitalization or death.

### Vaccination

The flu vaccine is the best tool available to protect against this potentially serious disease. Flu vaccination can reduce flu illnesses, doctors' visits, missed work due to flu, as well as prevent flu-related hospitalizations. Despite the unpredictable nature of the flu, you need the 2015-2016 flu vaccine for optimal protection against the flu this season.



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# VACCINES FOR CHILDREN



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Yearly vaccination is needed because:

- Flu viruses are always changing, and the vaccine is updated each year to better match circulating influenza viruses, and
- Immune protection from vaccination declines over time so vaccination is recommended every season for the best protection against the flu.

It takes about two weeks after vaccination for the immune system to build the antibodies your body needs in order to provide protection against the flu. In the United States, flu activity is usually highest between December and February and can last as late as May. As long as flu viruses are circulating, it's not too late to get vaccinated. With flu activity starting to increase and family and friends gathering for the holidays, now is a great time to get a flu vaccine to protect yourself and your loved ones. We hope that NIVW will serve as a reminder to parents and caregivers of children about the importance of flu vaccination in general and the fact that some children may need two doses of flu vaccine this season to be fully protected.

- Children 6 months through 8 years old who are getting vaccinated for the first time will need two doses of flu vaccine.
- Some children in this age group who have received influenza vaccine previously also will need two doses of vaccine this season to be fully protected.

There are many choices available for flu vaccine, both in terms of where to get vaccinated and what vaccine to get.

- Flu vaccines made to protect against three different flu viruses (called "trivalent" vaccines) are available this season. In addition, flu vaccines made to protect against four different flu viruses (called "quadrivalent" vaccines) also are available.
- Flu vaccines are offered in many locations, including doctor's offices, clinics, health departments, retail stores and pharmacies, and health centers, as well as by many employers and schools.

Millions of doses of influenza vaccine have been administered to people safely for decades. Once vaccinated, you can enjoy this holiday season

knowing that you have taken the single best step to protect yourself and your loved ones against the flu.

**Vaccine Storage Troubleshooting Record** (check one) ☒ Refrigerator ☐ Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturer's recommended storage ranges.

Date & Time of Event	Storage Unit Temperature at the time the problem was discovered	Room Temperature at the time the problem was discovered	Person Completing Report
Date: 01/04/15 Time: 8:00 am	Temp when discovered: 8:00 am Minimum temp: 37 Maximum temp: 48	Temp when discovered: 20 Comment (optional):	Name: C. Williams Title: LVN

**Description of Event** (If multiple, related events occurred, list each date, time, and length of time out of storage.)

- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (33° to 46° F (2° to 8°C) for refrigerator; 58° to 7° F (50° to 15°C) for freezer)
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (line separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? (For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?)
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Upon arrival, on 01/04/15 temperature on refrigerator unit noted at 48 degrees Fahrenheit at 8am, refrigerator door noticed open, unit was not properly sealed/closed, when the clinic closed on 01/03/15. Note placed on refrigerator not to administer any vaccines in the unit, VFC rep was immediately notified.

**Action Taken** (Document thoroughly. This information is critical to determining whether the vaccine might still be viable.)

- When were the affected vaccines placed in proper storage conditions? (Date: Do not discard the vaccine. State exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer(s).)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Refrigerator door properly closed, unit went back in range, was noted at 37 degree Fahrenheit at 8:10am, VFC rep contacted, issue explained and action taken to correct problem. VFC rep instructed to contact all manufacturers for vaccines housed in the refrigerator. Vaccine manufacturer contact list was provided.

**Results**

- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

All VFC vaccine(s) were deemed viable by each manufacturer, do not administer note removed from unit, please see following for case numbers.

Sanofi products - deemed viable by Sanofi rep, case number - SP0578653  
GSK products - deemed viable by GSK rep, case number - MER5751  
Merck products - deemed viable by Merck rep, case number - PCV2177  
PCV13 - deemed viable by Pfizer, case number - PCV2177

Since all vaccines are deemed viable and none short dated, troubleshooting page will be submitted at the beginning of the month with Jan. temp logs.

Texas Department of State Health Services  
Immunization Branch

Stock No. EC-1059F  
Revised 11/2014

**Temperature Excursions: Isolate the vaccine and contact the manufacturer to determine viability.**



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## Return Labels

All return labels for wasted/expired vaccines will be sent electronically unless specifically requested otherwise. Requests for labels should still be identified with "LABEL NEEDED". Providers will receive an e-mail with a link that will be active for 30 days that will allow them to print out the return label, after 30 days a new request will need to be submitted through the Regional office to Austin.

If a provider needs the label to be mailed to their office then you MUST document "MAIL LABEL" on the VLR, for providers that have different shipping addresses from their mailing address you will also need to include the mailing address on the VLR.

Update your EVI account with a primary and secondary email address that is valid and correct.

## Vaccine Preventable Diseases

Vaccine preventable diseases (VPDs) are conditions which are preventable through vaccines available to protect against these diseases. Vaccines are counted among the greatest public health achievements of the twentieth century. Countless lives have been saved and many diseases have been prevented because of vaccines. Today, vaccine preventable disease levels are at record lows. Even though most infants and toddlers have received all recommended vaccines by age 2, many under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases such as Hepatitis B, influenza, and pneumococcal disease. Be wise, immunize and protect yourself and your loved ones.



**Texas Notifiable Conditions**  
24/7 Number for Immediately Reportable – 1-800-705-8868  
Report confirmed and suspected cases.  
Unless noted by \*, report to your local or regional health department using number above or find contact information at <http://www.dhhs.state.tx.us/dcu/investigation/conditions/contacts/>

A – I	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS)* <sup>1,2</sup>	Within 1 week	*Lead, child and adult blood, any level* <sup>3</sup>	Call/Fax Immediately
Amebiasis <sup>4</sup>	Within 1 week	Legionellosis <sup>5</sup>	Within 1 week
Amebic meningitis and encephalitis <sup>4</sup>	Within 1 week	Leishmaniasis <sup>6</sup>	Within 1 week
Anaplasmosis <sup>7</sup>	Within 1 week	Listeriosis <sup>8</sup>	Within 1 week
Anthrax <sup>9</sup>	Call Immediately	Lyme disease <sup>9</sup>	Within 1 week
Arbovirus infection <sup>4</sup>	Within 1 week	Malaria <sup>9</sup>	Within 1 week
*Asbestosis <sup>10</sup>	Within 1 week	Measles (rubeola) <sup>9</sup>	Call Immediately
Babesiosis <sup>11</sup>	Within 1 week	Meningococcal infection, invasive <sup>9</sup>	Call Immediately
Botulism <sup>4, 12</sup>	Call Immediately	Multidrug-resistant Acinetobacter (MDR-A) <sup>9</sup>	Call Immediately
Brucellosis <sup>4</sup>	Within 1 work day	Mumps <sup>9</sup>	Within 1 week
Campylobacteriosis <sup>4</sup>	Within 1 week	Pertussis <sup>9</sup>	Within 1 work day
*Cancer <sup>9</sup>	See rules <sup>9</sup>	*Pesticide poisoning, acute occupational <sup>13</sup>	Within 1 week
Carbapenem-resistant Enterobacteriaceae (CRE) <sup>14</sup>	Call Immediately	Plague (Yersinia pestis) <sup>15</sup>	Call Immediately
Chagas' disease <sup>4</sup>	Within 1 week	Poliovirus, acute paralytic <sup>9</sup>	Call Immediately
*Chancroid <sup>16</sup>	Within 1 week	Poliovirus infection, non-paralytic <sup>9</sup>	Within 1 work day
Chickenpox (varicella) <sup>12</sup>	Within 1 week	Q fever <sup>4</sup>	Within 1 work day
*Chlamydia trachomatis infection <sup>17</sup>	Within 1 week	Rabies, human <sup>9</sup>	Call Immediately
*Contaminated sharps injury <sup>18</sup>	Within 1 month	Relapsing fever <sup>4</sup>	Within 1 week
*Controlled substance overdose <sup>19</sup>	Call Immediately	Rubella (including congenital) <sup>9</sup>	Within 1 work day
Coronavirus, novel <sup>18</sup>	Call Immediately	Salmonellosis, including typhoid fever <sup>4</sup>	Within 1 week
Creutzfeldt-Jakob disease (CJD) <sup>4, 16</sup>	Within 1 week	Shigellosis <sup>4</sup>	Within 1 week
Cryptosporidiosis <sup>4</sup>	Within 1 week	*Silicosis <sup>17</sup>	Within 1 week
Cyclosporiasis <sup>4</sup>	Within 1 week	Smallpox <sup>9</sup>	Call Immediately
Cysticercosis <sup>4</sup>	Within 1 week	*Spinal cord injury <sup>20</sup>	Within 10 work days
*Cytogenetic results (fetus and infant only) <sup>19</sup>	See rules <sup>19</sup>	Spotted fever group rickettsioses <sup>9</sup>	Within 1 week
Dengue <sup>4</sup>	Within 1 week	Staph. aureus, vancomycin-resistant (VSA and VRSA) <sup>4, 21</sup>	Call Immediately
Diphtheria <sup>9</sup>	Call Immediately	Streptococcal disease (group A, B, S, pneumo), invasive <sup>9</sup>	Within 1 week
*Drowning/near drowning <sup>18</sup>	Within 10 work days	*Syphilis – primary and secondary stages <sup>1, 22</sup>	Within 1 work day
Ehrlichiosis <sup>4</sup>	Within 1 week	*Syphilis – all other stages <sup>23</sup>	Within 1 week
Escherichia coli infection, Shiga toxin-producing <sup>4, 24</sup>	Within 1 week	Taenia solium and undifferentiated Taenia infection <sup>4</sup>	Within 1 week
*Gonorrhea <sup>25</sup>	Within 1 week	Tetanus <sup>9</sup>	Within 1 week
Haemophilus influenzae type b infections, invasive <sup>4</sup>	Within 1 week	*Traumatic brain injury <sup>26</sup>	Within 10 work days
Hansen's disease (leprosy) <sup>4</sup>	Within 1 week	Trichinosis <sup>4</sup>	Within 1 week
Hantavirus infection <sup>4</sup>	Within 1 week	Tuberculosis disease <sup>27</sup>	Within 1 work day
Hemolytic Uremic Syndrome (HUS) <sup>4</sup>	Within 1 week	Tuberculosis infection <sup>28</sup>	Within 5 work days
Hepatitis A (acute) <sup>4</sup>	Within 1 work day	Tularemia <sup>1, 29</sup>	Call Immediately
Hepatitis B, C, and E (acute) <sup>4</sup>	Within 1 week	Typhus <sup>4</sup>	Within 1 week
Hepatitis B identified prenatally or at delivery (acute & chronic) <sup>4</sup>	Within 1 work day	Vibrio infection, including cholera <sup>4, 30</sup>	Within 1 work day
Hepatitis B, perinatal (HBsAg+ < 24 months old) <sup>4</sup>	Within 1 work day	Viral hemorrhagic fever, including Ebola <sup>4</sup>	Call Immediately
*Human immunodeficiency virus (HIV) infection <sup>1, 32</sup>	Within 1 week	Yellow fever <sup>4</sup>	Call Immediately
Influenza-associated pediatric mortality <sup>4</sup>	Within 1 work day	Yersiniosis <sup>4</sup>	Within 1 week
Influenza, Novel <sup>1</sup>	Call Immediately		

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available



### Initial Provider Infectious Disease Report

Form is published at <http://www.dhhs.state.tx.us/dcu/investigation/conditions/>

#### General Instructions

This form may be used to report suspected cases and cases of notifiable conditions in Texas, listed with their reporting timeframes on the current Texas Notifiable Conditions List available at <http://www.dhhs.state.tx.us/dcu/investigation/conditions/>. In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. A health department epidemiologist may contact you to further investigate this Infectious Disease Report.

Suspected cases and cases should be reported to your local or regional health department.

Contact information for your local or regional health department can be found at:

<http://www.dhhs.state.tx.us/dcu/investigation/conditions/contacts/>

As needed, cases may be reported to the Department of State Health Services by calling 1-800-252-4239

Disease or Condition	Date (Month/Day/Year) (Check type) <input type="checkbox"/> Phone call or email or closest contact info	<input type="checkbox"/> Specimen collection <input type="checkbox"/> Absence <input type="checkbox"/> Office visit
Physician Name	Physician Address <input type="checkbox"/> See Facility address below	Physician Phone <input type="checkbox"/> See Facility phone below
Diagnostic C/I/B/S (Diagnostic Lab Test Type, Result, and Specimen Source if applicable and/or Clinical Indication)		
Patient Name (Last)	(First)	(Middle)
Address (Street)	City	State
Zip Code	County	
Date of Birth (month/year)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Notes, comments, or additional information such as other lab results, clinical info, pregnancy status, occupation (fluid handling), school name, grade, travel history		
Name of Reporting Facility	Address	
Name of Person Reporting	Title	Phone Number ( ) - - extension
Date of Report (month/year)	E-mail	
Health Department (local, regional, or state) use only		
<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Dropped <input type="checkbox"/> Duplicate, with new information		

Above information is CONFIDENTIAL. Please notify sender if received in error and return or destroy. EEPI-2 (Rev. 8/15)

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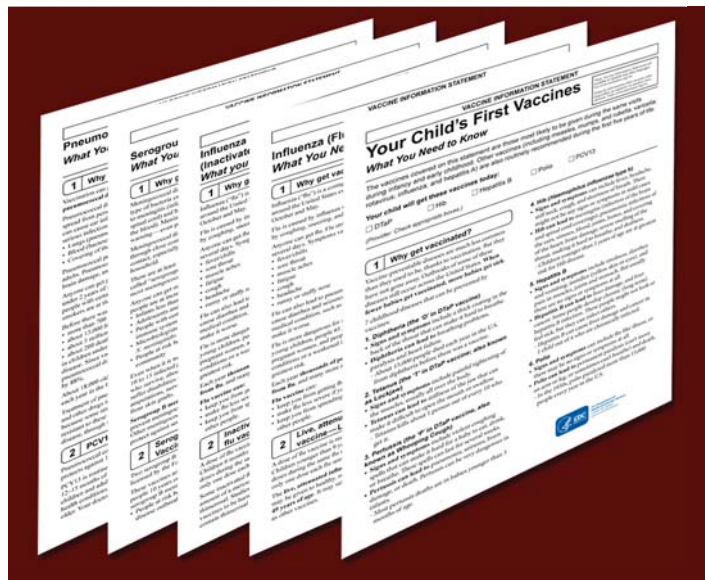
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## Enrollments

Re-enrollment will begin on January 15, 2016 and end on March 1, 2016.

All providers are required to update their clinic information, including changes in provider's vaccine usage volume, clinic contact information, and other changes that may have occurred since the previous year. Re-enrolling in the program confirms your clinic's agreement to abide by all terms and conditions of the TVFC Program. The TVFC Program also requires the vaccine coordinator and back-up vaccine coordinator at each facility to annually complete the Centers for Disease Control and Prevention (CDC) web-based training courses, You Call the Shots Module 10: Vaccine Storage and Handling and You Call the Shots Module 16: Vaccines for Children Program. A copy of the signed Provider Agreement and certificate of attendance for the required 2016 CDC You Call the Shots Modules must be sent to the provider's responsible entity (Texas Department of State Health Services (DSHS) Health Service Region (HSR) or Local Health Department (LHD) no later than, March 1, 2016.



## VIS Updates

Influenza Live, Intranasal	08/07/15
Influenza-Inactivated	08/07/15
Serogroup B Meningococcal MenB	08/14/15
Pneumococcal Conjugate PVC13	11/05/15
Pediatric Multi-Vaccine	11/05/15

## VACCINES FOR CHILDREN PROGRAM

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Parts or full contents used within this newsletter were extracted from the publications of the Centers for Disease Control and Prevention and the Texas Department of State Health Services website.



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